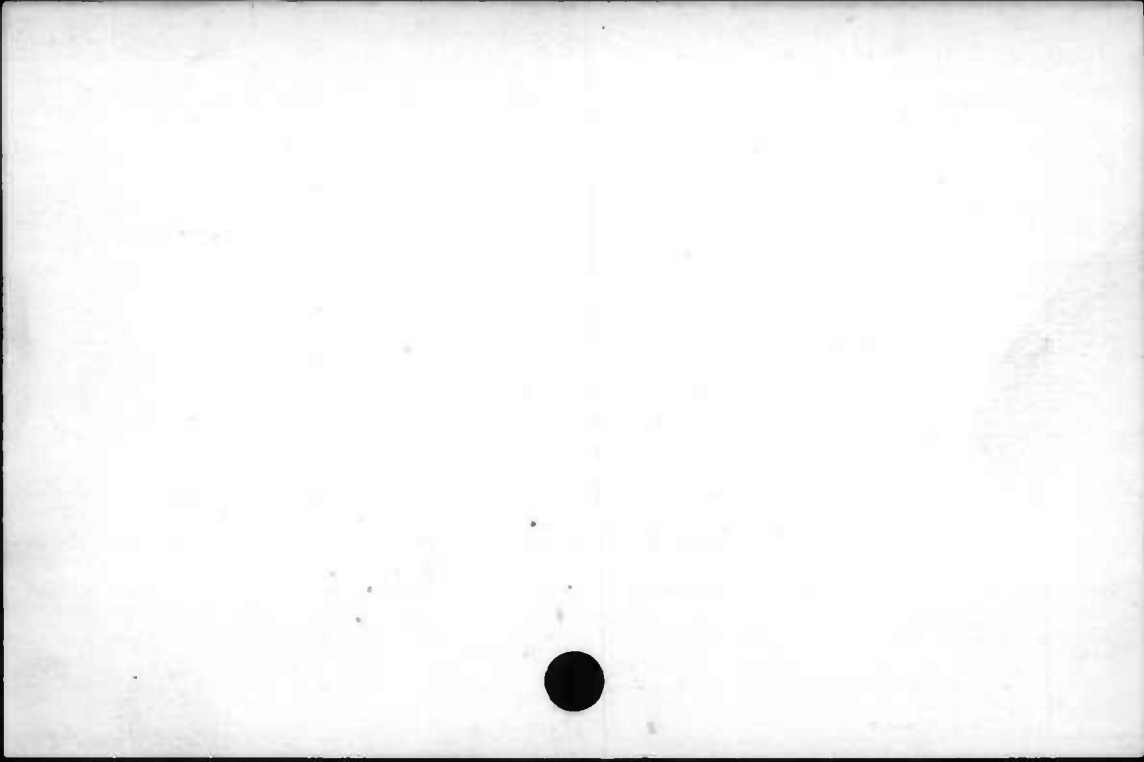


Name in Full		Richard W. Brisson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Centreville	County St. Mary's		MARYLAND	
		Date of death		1906	Month Jan	Day 12	Age —	Years —
		Sex		Male		Color or Race	Col	
		Occupation				Birth- place	Centreville	
						Where Residing if not at place of death	Centreville	
		Married, Single or Widowed				Name of Wife or Husband		
		Father's Name		O. H. Brisson				Father's Birthplace
Mother's Maiden Name		M. A. Barron				Mother's Birthplace	Centreville	
Name of person giving Information		Mother				How related to deceased	Mother	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Cerebral Apoplexy		How long	48 hours	
		Immediate		" Hemorrhage		How long	24 hours	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				Address		Jas. Bordley M.D. Centreville, Md.		
		Accident or Suicide?						



Name
in
Full

Walter Brooks

CERTIFICATE OF DEATH

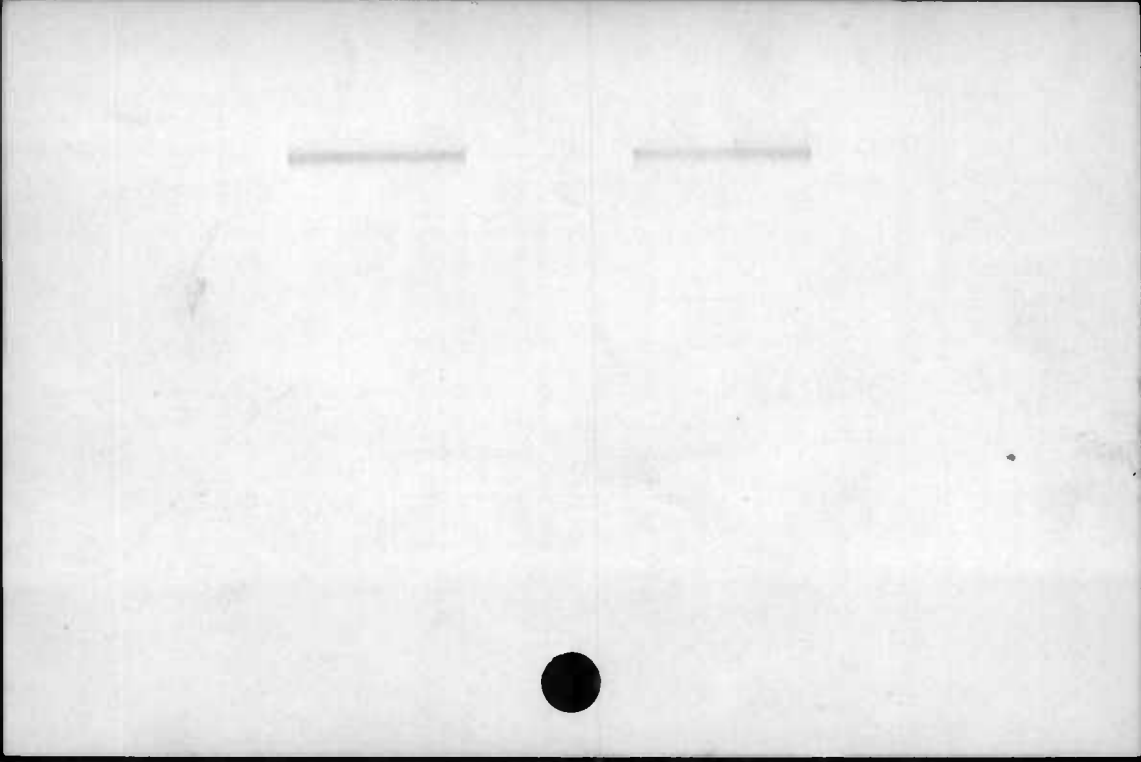
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hayden</i>		Town <i>Hayden</i>		County <i>Innes</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>		Month <i>Jan</i>	Day <i>4</i>	Age <i>17</i>	Years	Months <i>5</i>	Days <i>15</i>
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>Innes</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>At place of death</i>			
Married <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Hensley Brown</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Franco Johnson</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Abraham Brooks</i>		How related to deceased <i>Uncle</i>					

☒ CAUSES OF DEATH ☒
PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. C. C. C.</i>
	Address <i>Church Hill</i>
	<i>Ind</i>

Accident or Suicide?



Name
in
Full

William Bromley

CERTIFICATE OF DEATH

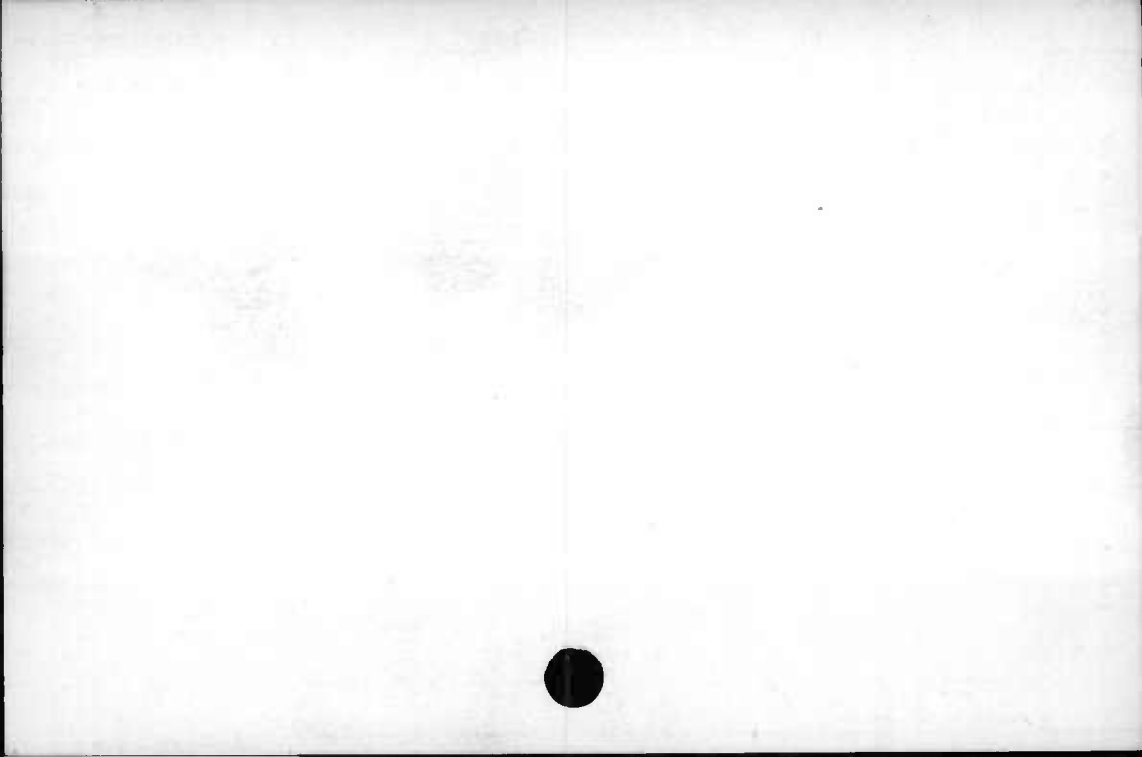
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Local Street</i>		Town <i>Local</i>		County <i>Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>31</i>	Age <i>65</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Low Prop, N.Y.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>At Place of death</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jm Bromley</i>				Father's Birthplace <i>N.Y.</i>			
Mother's Maiden Name <i>Mrs Rolab</i>				Mother's Birthplace <i>N.Y.</i>			
Name of person giving information <i>ES Bromley</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH


PHYSICIAN
OR CORONER

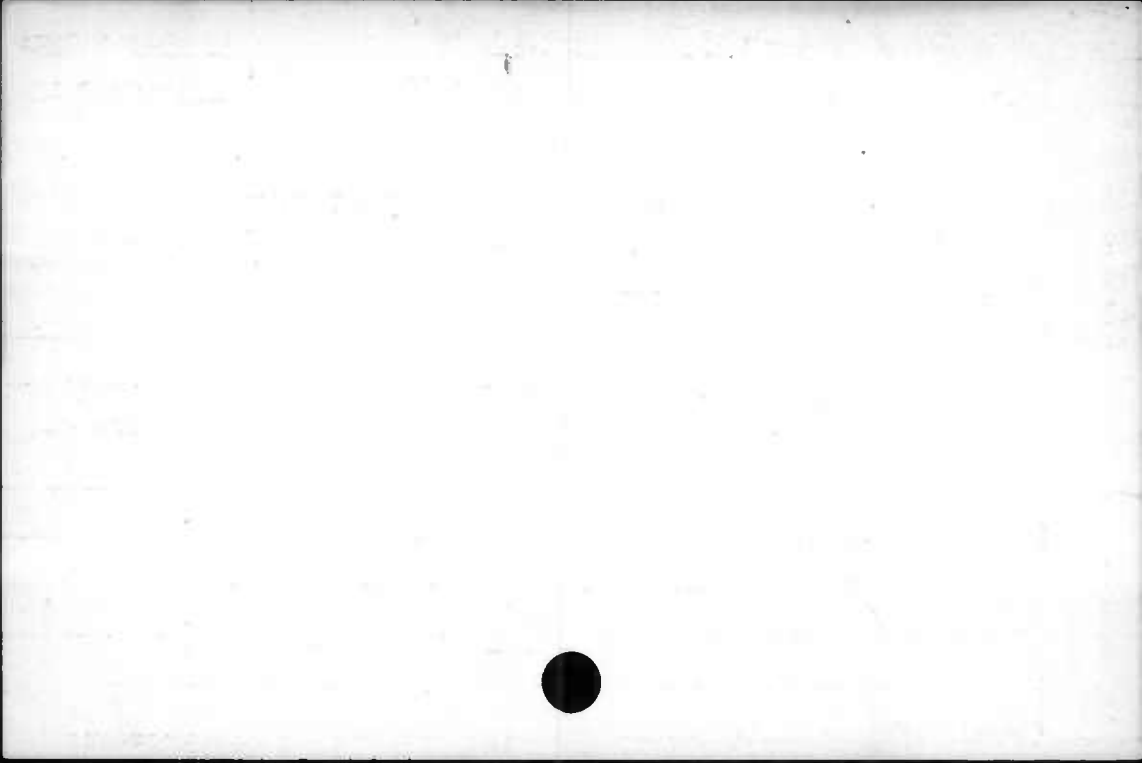
Primary <i>Chronic Organic Heart</i>	How long <i>10 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Brown</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>No</i>	<i>Brown Ann Ed</i>



Name in Full		Thomas Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Alms House 2, A.C.	County Queen Annes		MARYLAND	
	Date of death		Month Jan	Day 9	Years 75 -	Months —	Days —
	Sex		Color or Race Negro			Birth- place 2 A.C.	
	Occupation Laborer			Where Residing if not at place of death Alms House 2, A.C.			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		No History			Father's Birthplace	
	Mother's Maiden Name		— — —			Mother's Birthplace	
Name of person giving In formation		John Dester			How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Old age & natural decay			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Voelton M.D.		
			Address		Capitol Hill 2, A.C. Maryland		
Accident or Suicide? <input type="checkbox"/>							



Name in Full Lillian Burns		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Guys Town		2a County		MARYLAND
	Date of death 1906	Month 1	Day 17	Age 1	Months — Days —
	Sex Female		Color or Race White		Birth-place Guys
	Occupation —		Where Residing if not at place of death "		
	Married, Single or Widowed		Name of Wife or Husband —		
	Father's Name John H Burns		Father's Birthplace 2abc		
	Mother's Maiden Name Bessie Dadds		Mother's Birthplace "		
Name of person giving information Lillian Dadds		How related to deceased S Mother			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Bronche Pneumonia		How long Four weeks		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 92 </div>
	Immediate cardiac weakness		How long 24 hours		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Howard R. Hopkins		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">  </div>
	Accident or Suicide?		Address Encenstun, Md.		



Name
in
Full

CERTIFICATE OF DEATH

Still born

Coppage (M M)

Died near Church Hill

Queen Anne's

MARYLAND

Date of death 1906

Month Jan

Day 2.4

Age Years

Months

Days

Sex Male

Color or Race White

Birth-place near Church Hill

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Crook G. Coppage

Father's Birthplace Ind

Mother's Maiden Name Sadie L. Hallingworth

Mother's Birthplace Ind

Name of person giving information Crook G. Coppage

How related to deceased Father

CAUSES OF DEATH

Primary Still born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. S. Coppage M.D.

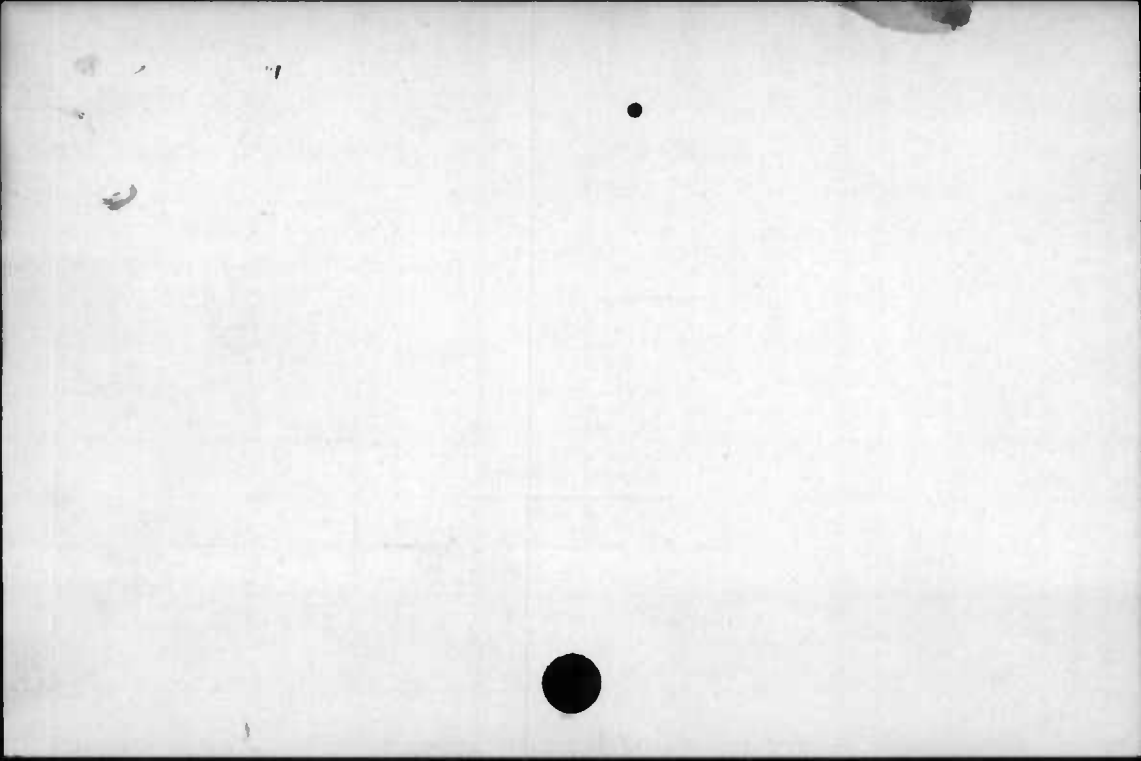
Address Church Hill

Accident or Suicide?

Ind

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Date of death	1906	Month	1	Day	30	Age	6-7	Months	—	Days	—
---------------	------	-------	---	-----	----	-----	-----	--------	---	------	---

Sex	male	Color or Race	White	Birth-place	Kent Island
Occupation	None	Where Residing if not at place of death		Kent Island	

<u>Married</u> , Single or <u>Widowed</u>	Name of Wife or Husband
--	----------------------------

Father's Name	John Gardner	Father's Birthplace	New Salem
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Mother's Maiden Name	Mother's Birthplace
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[illegible]

CAUSES OF DEATH

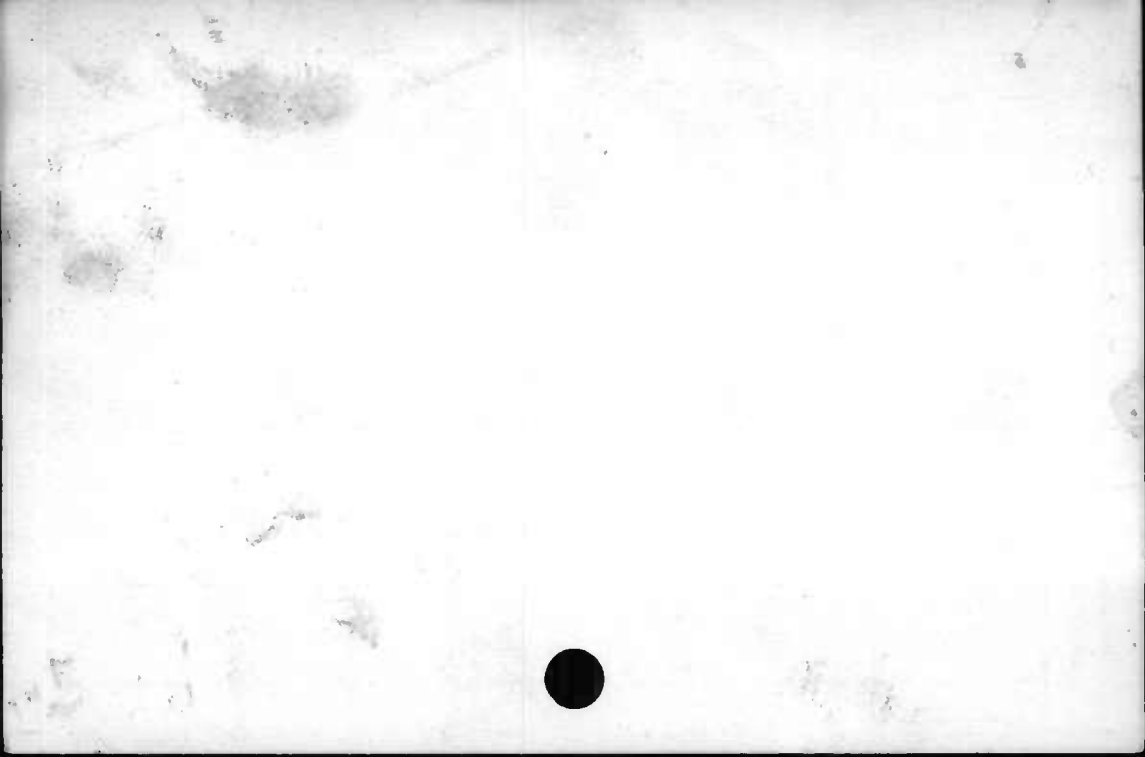
Primary	General debility	How long	2d Yrs.
Immediate		How long	

Are the name, age, sex, color, date
and place correctly given above? *Yes*

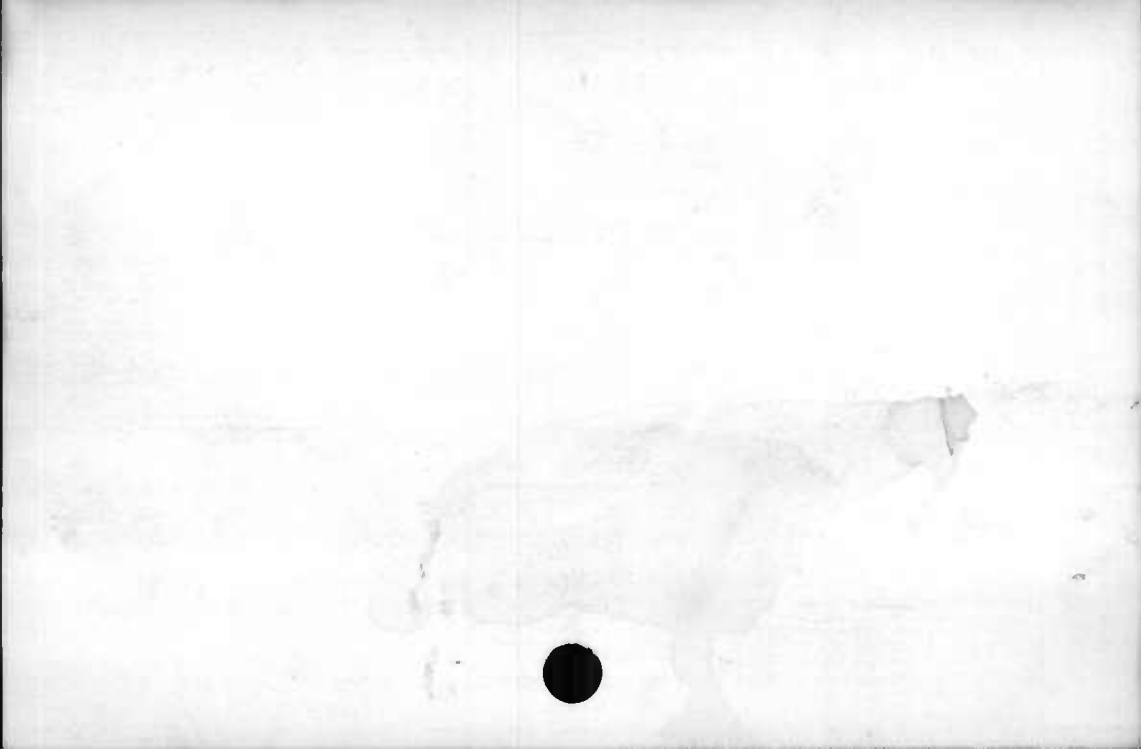
Signature of Physician *W. H. Hyslop*

Address Undertaker
Shoreville, Md

LIBRARY BUREAU A82919



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mar Shadenville</i>		Town <i>Mar Shadenville</i>		County <i>Town Anne</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>1</i>	Day <i>27</i>	Age <i>7</i>	Years <i>7</i>	Months	Days
	Sex <i>Female</i>		Color or Race <i>wh</i>		Birth-place <i>md</i>		
	Occupation <i>--</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>--</i>		Name of Wife or Husband <i>--</i>				
	Father's Name <i>Wm Jeffers</i>				Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Susie Brown</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Wm Jeffers</i>				How related to deceased <i>Brother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Cholera</i>		How long <i>1 yr.</i>				
	Immediate <i>Wasting and Gen. debility</i>		How long <i>"</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Foster Smith</i>				
			Address <i>Shadenville md</i>				
	Accident or Suicide?						



Name
in
Full

Charles Landham

CERTIFICATE OF DEATH

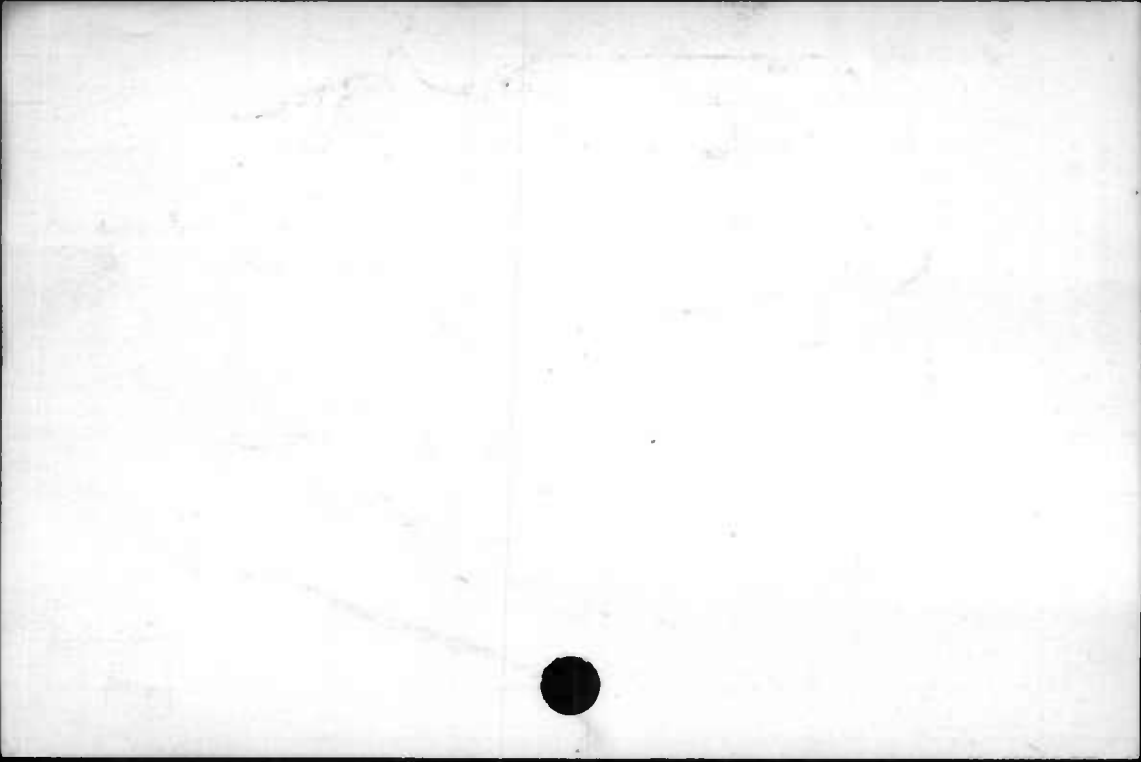
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millington</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>23</i>	Age <i>27</i> ^{Years}	Months <i>7</i>	Days <i>5</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Charles Landham</i>			Father's Birthplace <i>Millington Md</i>		
Mother's Maiden Name <i>Emma Daniels</i> <i>not married</i>			Mother's Birthplace <i>Queen Anne Md</i>		
Name of person giving information <i>Mary R. Daniels</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scrofula</i>	How long <i>(35)</i>
Immediate <i>Poor Nutrition</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr W F Jacob</i>
	Address <i>Millington Md</i>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bethsburg</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>7</i>	Age <i>77</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>2-A. Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death		<i>Place of death</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Henry Lang</i>	Father's Birthplace <i>2-A. Co</i>		Mother's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>	Name of person giving information <i>Tom J. Daker</i>		How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> <i>(93)</i>	How long <i>1 week</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Frank M.D.</i>
	Address <i>Bethsburg</i>
Accident or Suicide? <i>no</i>	<i>md</i>

01/07/10

Name
in
Full

CERTIFICATE OF DEATH

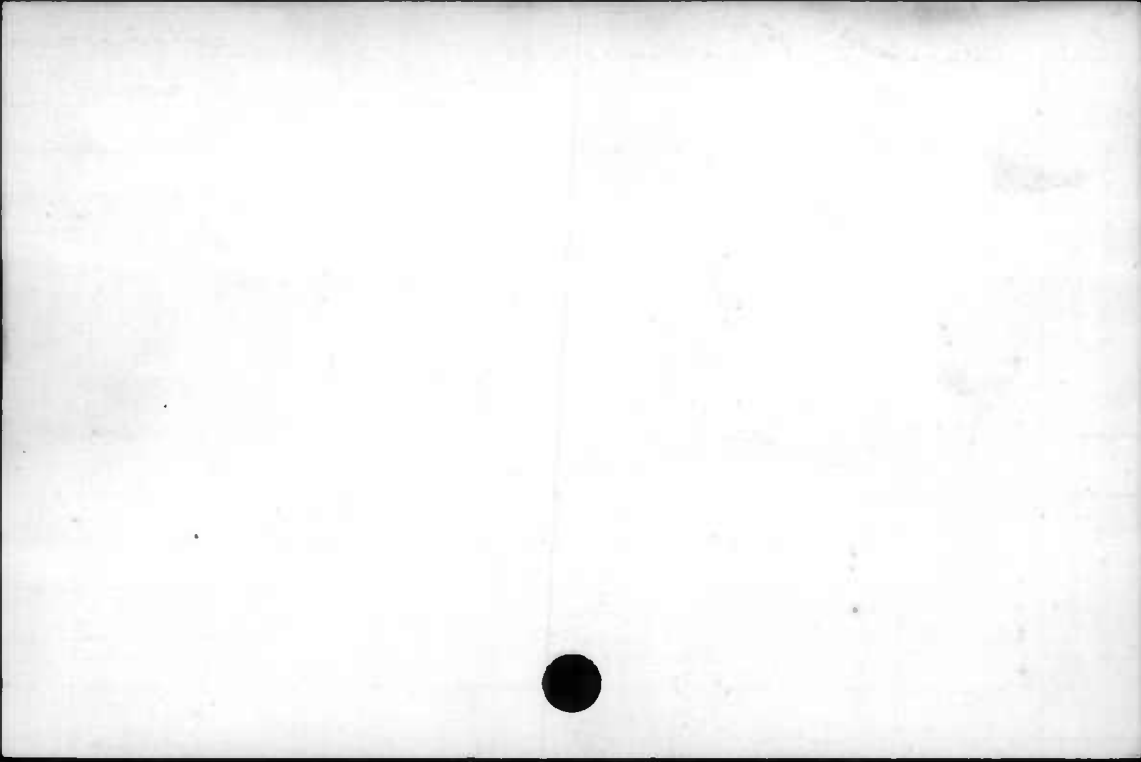
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thas O Meredith</i>		County <i>2. a.</i>		MARYLAND	
Died at <i>Thas O Meredith</i>		Date of death <i>1906</i>		Month <i>1</i>	
Day <i>3</i>		Years <i>70</i>		Age <i>70</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>2. a. les</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Place of death <i>Place of death</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Hester Meredith</i>		Father's Birthplace <i>2. a. les</i>	
Father's Name <i>Thas R. Meredith</i>		Mother's Maiden Name <i>Francis Rice</i>		Mother's Birthplace <i>2. a. les</i>	
Name of person giving information <i>Thas E Meredith</i>		How related to deceased <i>son</i>			

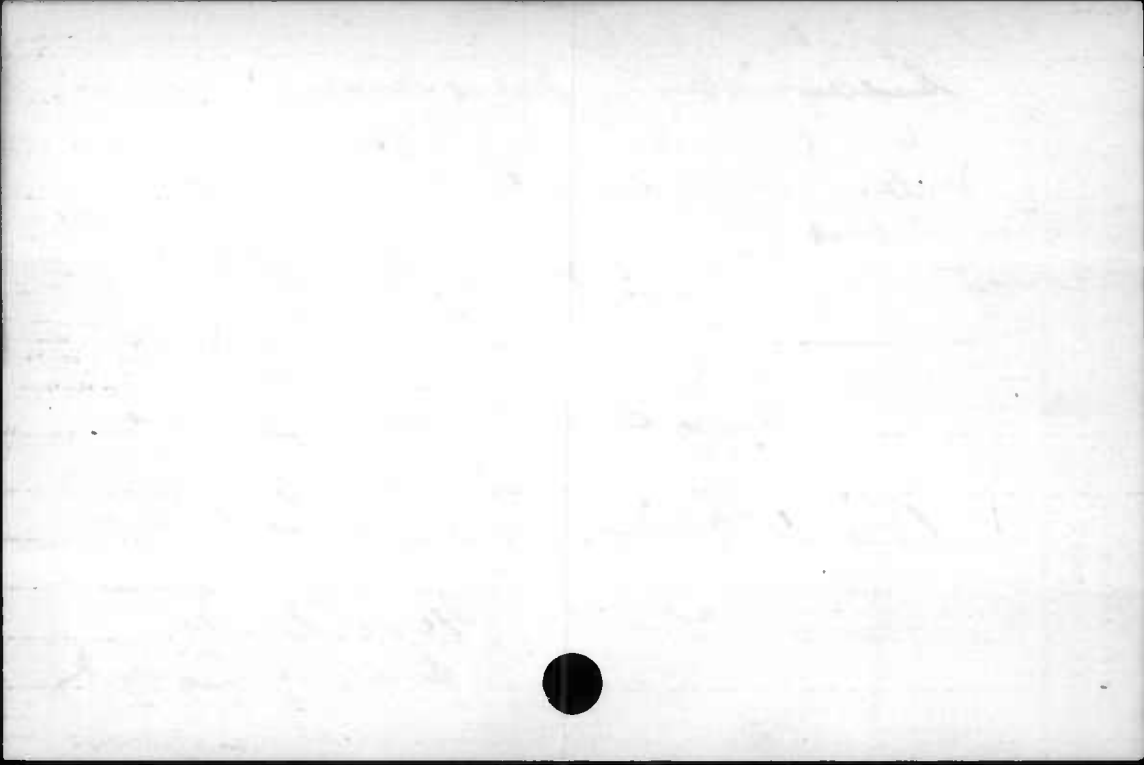
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart</i>	How long <i>3 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Lawrence</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>no</i>	<i>W. H.</i>



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Greenstown</u>		County <u>Green Anne</u>		STATE <u>MARYLAND</u>	
	Date of death <u>1904</u>	Month <u>June</u>	Day <u>24</u>	Age <u>75</u>	Months <u>9</u> Days <u>19</u>	
	Sex <u>Female</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Centerville, Md.</u>		
	Occupation <u>Landy</u>		Where Residing if not at place of death _____			
	Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>William Foths</u>				
	Father's Name <u>James Dorrell</u>	Father's Birthplace <u>Caroline Co.</u>				
	Mother's Maiden Name <u>Catharine Wood</u>	Mother's Birthplace <u>Near Centerville</u>				
Name of person giving information <u>Millard F. Foths</u>		How related to deceased <u>Son</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Arthma</u>		(79)		How long <u>Several years</u>	
	Immediate <u>Arthma due to cardiac weakness</u>				How long <u>one week</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Howard B. Hopkins</u>			
			Address <u>Greenstown</u>			
	Accident or Suicide? <u>✓</u>				<u>Md.</u>	

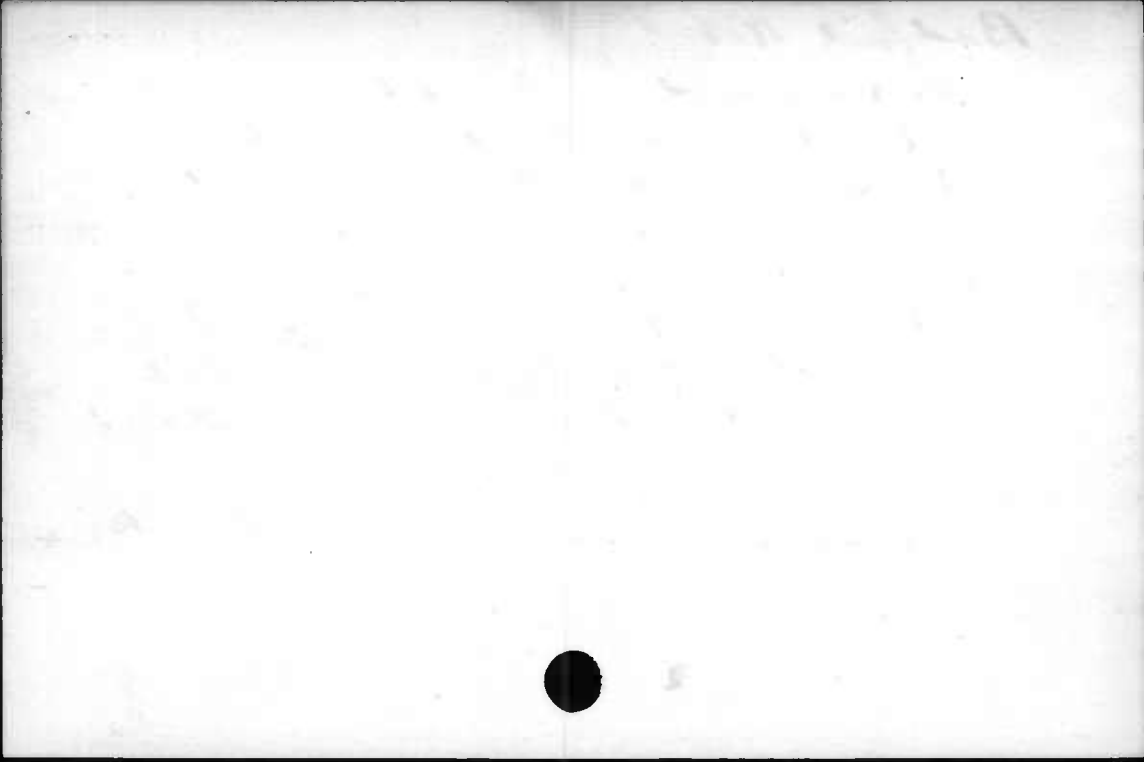


CERTIFICATE OF DEATH

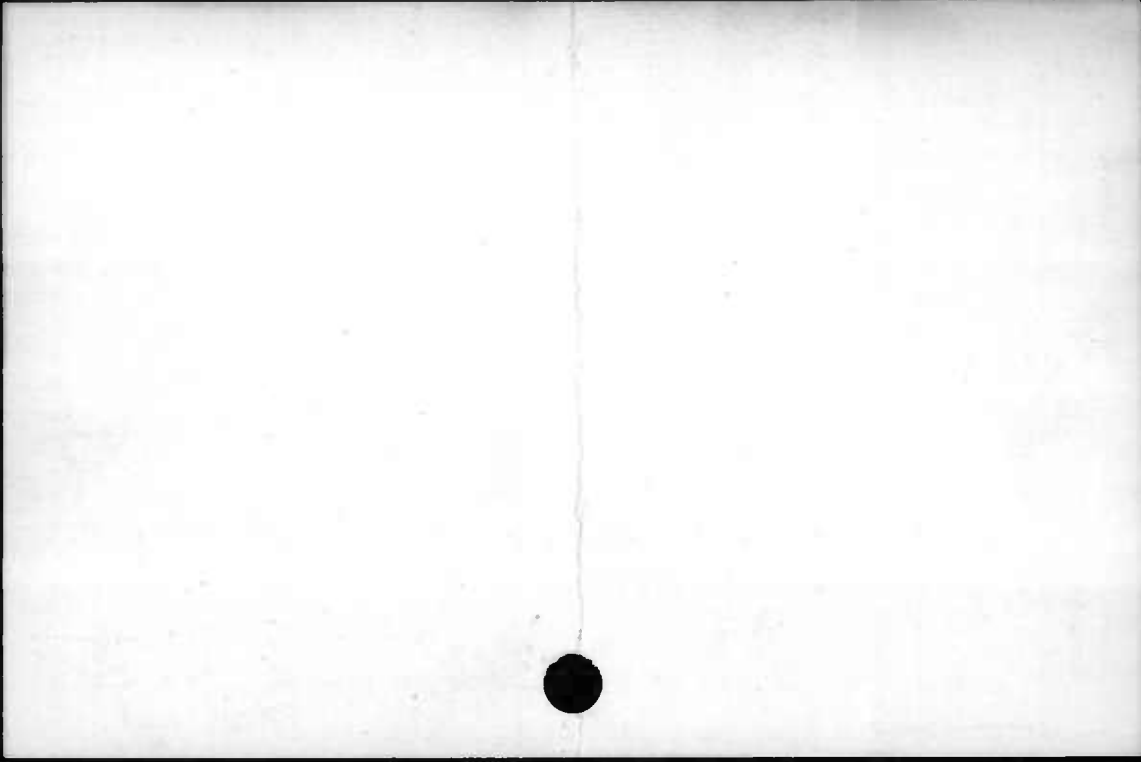
78 years old

4

Name in Full		child Ringle (M M)				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Near Barclay		Queen Anne			
Date of death		1906	Month Jan	Day 12	Age	Years	Months Days
Sex		Male		Color or Race Black		Birth-place Ind	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		not known S				Father's Birthplace	
Mother's Maiden Name		Sadie Ringle				Mother's Birthplace Ind	
Name of person giving information		Susie Starkey				How related to deceased Aunt	
CAUSES OF DEATH							
Primary		Still Born S				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Susie Starkey			
				Address Barclay Ind			
Accident or Suicide?							



Name in Full Bedford Robertson		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Heas Ingle side <small>Town</small>		Furn Anne <small>County</small>
	MARYLAND		
	Date of death 1906	Month 1	Day 8
	Age 1 Years		Months 6
	Sex Male		Color or Race colored
	Occupation		Birth-place Ind
	Where Residing if not at place of death		
Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband	
Father's Name Chas. Brown		Father's Birthplace Ind.	
Mother's Maiden Name Hettie Robertson		Mother's Birthplace Ind.	
Name of person giving information Chas Brown		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	93	How long One week
	Immediate "		How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Walter Sudler	
		Address Sudlerville	
	Accident or Suicide?	Ind	



Name in Full William Theo. Smith		CERTIFICATE OF DEATH	
Died near Roberts ^{Town}		Queen Anne's ^{County} MARYLAND	
Date of death 1906	Month Jan	Day 28	Age 19 Years Months Days
Sex Male	Color or Race White	Birth-place Ind	
Occupation —	Where Residing If not at place of death At Place of death		
Married, Single or Widowed Single	Name of Wife or Husband —		
Father's Name Andrew E. Smith	Father's Birthplace Ind		
Mother's Maiden Name Maggie Reed	Mother's Birthplace Ind		
Name of person giving information Andrew E Smith	How related to deceased Father		
CAUSES OF DEATH			
Primary Pneumonia	(93)		How long 10 days
Immediate Exhaustion			How long 24 hours.
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. G. Capps	
		Address Chynah Hill	
		Ind	
Accident or Suicide? —			

J. E. Ferguson
Church Hill

Name
in
Full

Addie Devona Sparks

CERTIFICATE OF DEATH

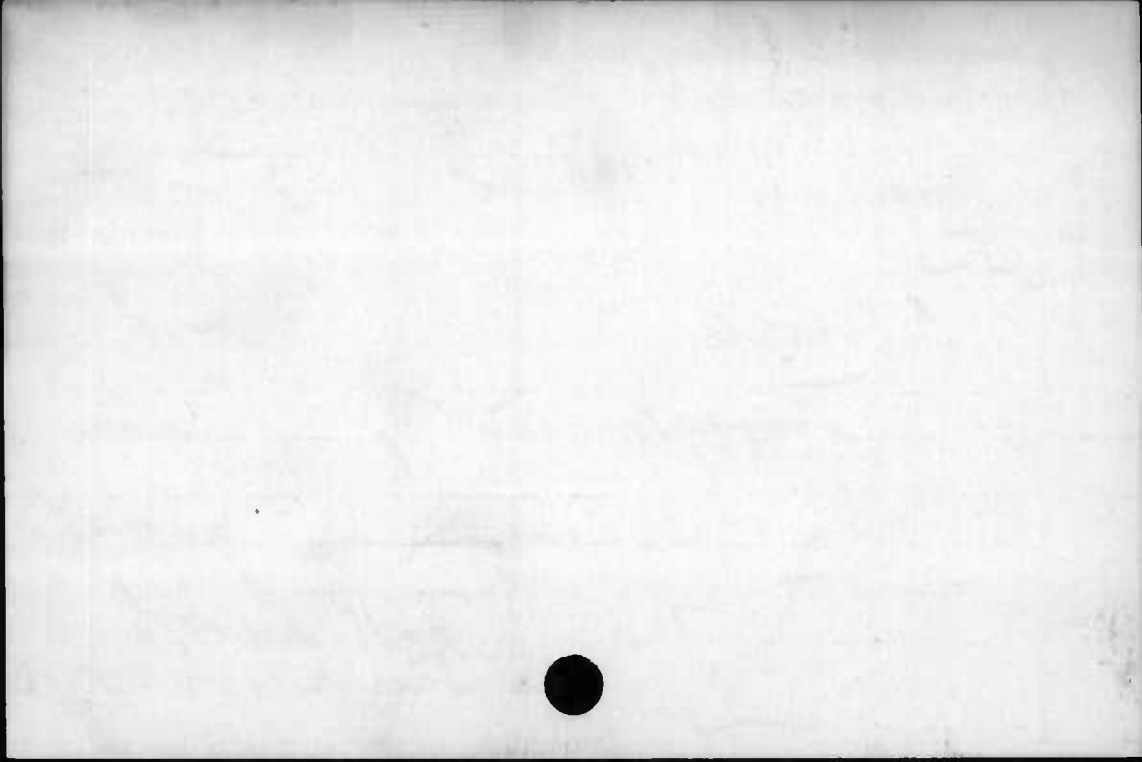
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>North Church Hill</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Jan</u>	Day <u>30</u>	Years <u>21</u>	Age <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>At place of death</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Medford Sparks</u>				
Father's Name <u>Alex Thowley</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Hannie String</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Sis. Edward Sparks</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Puerperal Septicaemia</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. S. Cabbage</u>
	Address <u>Church Hill Ind.</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

Emily A. Starkey

Town

County

MARYLAND

Died at

Bareeay

Turner Anne

Date

Month

Day

Years

Months

Days

of death 1906

1

21

Age

67

1

0

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

-

Where Residing if not
at place of death

-

Married, ~~widowed~~

Widowed

Name of Wife or
Husband

Father's
Name

J. Worrall Price

Father's
Birthplace

Ind.

Mother's
Maiden Name

-

Mother's
Birthplace

-

Name of person giving
In formation

Harry M. Starkey

How related
to deceased

Son

CAUSES OF DEATH

Primary

Heart disease

How long

7 months

Immediate

-

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

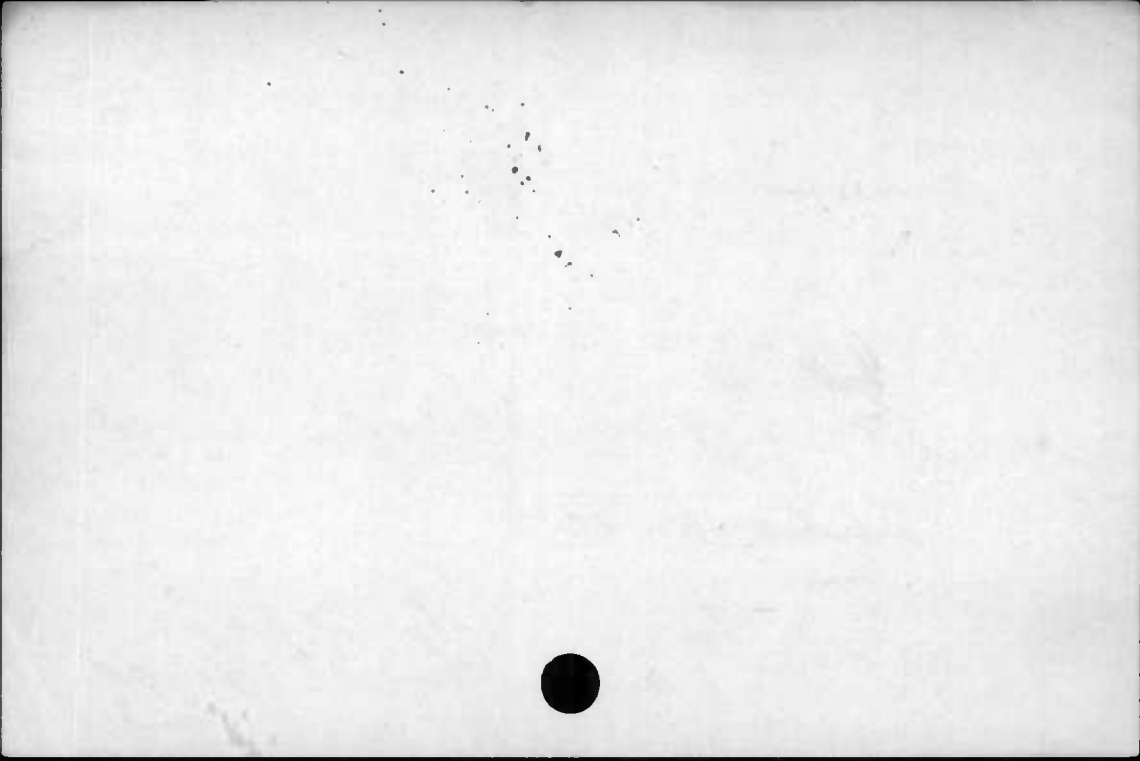
J. R. Smith
Empireville

Accident or Suicide?

-

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Not named.

Thomas M. M.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Ralpho.

^{County} Queen Anne's

MARYLAND

Date of death 1906

Month Jan

Day 16

Age

Years

Months

Days

Sex Female

Color or Race

Black

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Wm. Henry Thomas

Father's Birthplace

Ind

Mother's Maiden Name

Annite Jones

Mother's Birthplace

Del

Name of person giving information

Wm. Henry Thomas

How related to deceased

Father.

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. G. C. Page

Address

Church Hill Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

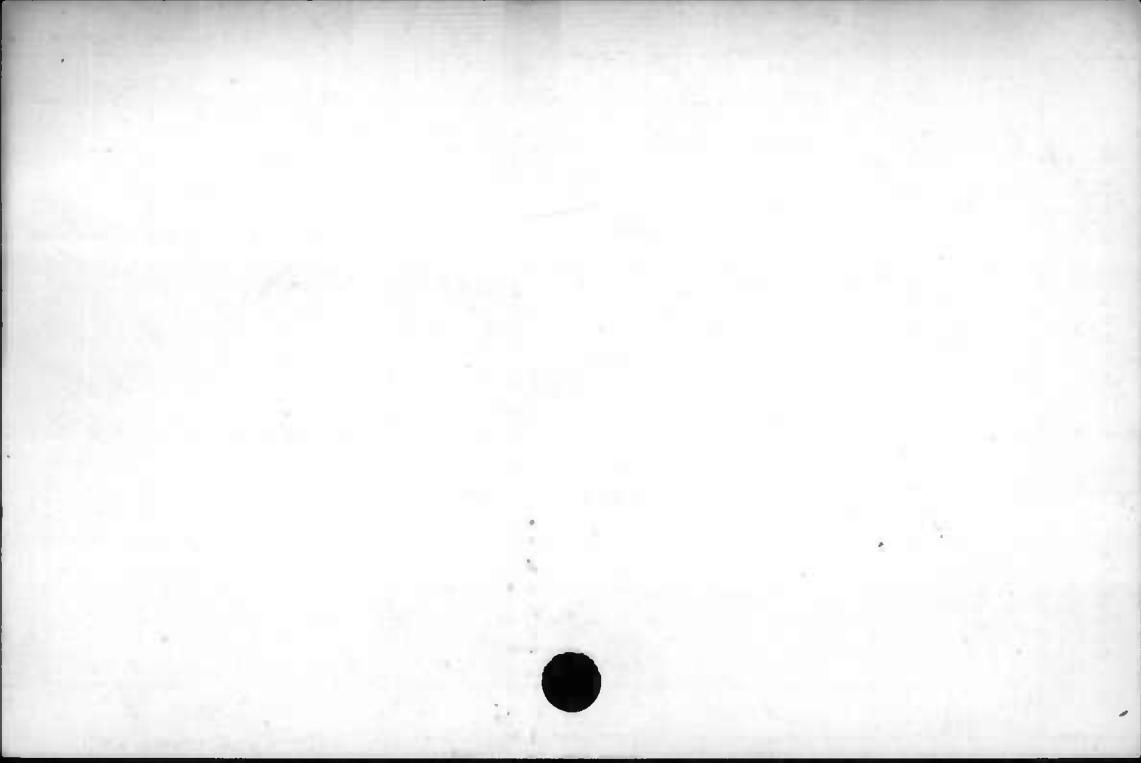
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Geo. H. Thompson</i>			Town <i>Sharn</i>			County <i>Queen Anne</i>			MARYLAND		
Died at <i>Sharn</i>			Date of death <i>1906</i>			Month <i>1</i>			Day <i>18</i>		
Sex <i>Male</i>			Color or Race <i>White</i>			Age <i>67</i>			Years <i>67</i>		
Occupation <i>Sharnes maker</i>			Where Residing if not at place of death <i>Place of death</i>			Birthplace <i>T. A. Co</i>			Months <i>—</i>		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>			Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>			Name of person giving information <i>Halbert H. Morris</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>		How long <i>3 or 4 yrs</i>	
Immediate <i>Uremia</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Samuel Kraus MD</i>	
Address <i>—</i>		Address <i>—</i>	
Accident or Suicide? <i>no</i>		Signature <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>near Centreville</i>		County <i>A.</i>	
Date of death <i>1906</i>	Month <i>Jan.</i>	Day <i>22</i>	Years <i>42</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>England</i>	
Occupation <i>Farmer Hand</i>	Where Residing if not at place of death <i>near Centreville</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rosie Waldron</i>		
Father's Name <i>Dominick Waldron</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Amelia Connor</i>	Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>Andrew Waldron</i>	How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Ulcer</i>	How long <i>1 yr</i>
Immediate <i>Gastric Hemorrhage</i>	How long <i>1 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James J. M. D.</i>
	Address <i>Centreville</i>
Accident or Suicide? <i>no</i>	<i>MD</i>

